

**TOPIC 23: INSOMNIA****STATEMENT OF THE PROBLEM**

Insomnia is the most common sleep complaint in the US. While most adults may have occasional nights of poor sleep, insomnia can become a chronic problem for many people. Insomnia is defined as difficulty falling asleep, difficulty staying asleep, or poor sleep quality that results in fatigue, sleepiness, and poor functioning during the day. People with insomnia have the opportunity and time to sleep, but are unable to do so. While sleep requirements tend to decrease with age and some people require less sleep than others, insomnia interferes with one's ability to function normally during the day and quality of life. Chronic insomnia can result in a cycle of worrying about getting enough sleep or concerns about its consequences on one's health that results in being unable to sleep due to worry.

**KEY MESSAGES**

1. Insomnia can be short term or long term. If insomnia is chronic (lasts longer than one month) it should be discussed with your health care provider.
2. There are a variety of factors that can cause insomnia, such as stress and stressful situations, medical conditions, or pain.
3. Insomnia can be treated by changing behaviors as well as with medications and other medical therapies.
4. Working with your health care provider, identifying abnormal sleep patterns, and taking action to correct or change them are the first steps to solving this problem.
5. If untreated, insomnia can seriously impact one's health and quality of life. Insomnia may make it more difficult to control blood sugars and to lose weight or maintain weight loss.

**BACKGROUND**

Many people experience occasional nights of poor sleep, but insomnia is a consistent lack of sleep or disrupted sleep patterns that interfere with the individual's ability to function normally during the day and with one's quality of life. Often people with insomnia experience a cycle of difficulty sleeping, worrying about getting enough sleep, with the result that the insomnia may become more severe or prolonged.

Insomnia can be short or long term. Short term insomnia often stops once the cause is removed. Long term insomnia is defined as occurring for more than a month and can have many causes including the stress caused by changes in one's life such as divorce, loss of loved one, or loss of a job. Insomnia is also common in people who work a swing or overnight shift. Insomnia can also be caused by changes in one's sleeping environment such as light, noise, or temperature, or by sleep apnea, pain, illness, mental health problems (including depression), and neurological diseases such as Parkinson's or Alzheimer's. Low blood sugars overnight may also disturb sleep patterns. Some medications such as beta blockers, steroids, asthma inhalers, or thyroid medications can cause insomnia as well as use or abuse of alcohol and illegal drugs.

Blood glucose control appears to be related to how much and how well you sleep. Some studies have found that people with higher A1c levels got less sleep, slept for a shorter amount of time, and felt that they needed more sleep than they were getting. On the other hand, people who sleep too much (more than 9 hours at a time), were

also more likely to have a higher A1c. It is unclear which comes first, poor sleep patterns or higher blood sugars, but healthy sleep patterns can effect diabetes management and control.

There are behavioral strategies, medications and alternative therapies for insomnia. It is important to discuss this condition with your health care provider. Your health care provider may ask you to keep a sleep log for 1-2 weeks to help identify patterns of sleep and behaviors. You will have to keep track of what time you go to bed, what time you tried to go to sleep, how many times you woke up, what time you woke up, did you feel rested, did you nap or snooze during the day, and what medications, alcohol, or caffeinated beverages you consumed during the day. Once you and your provider have information about your sleep patterns and lifestyle, you can work together to create a treatment plan that is right for you.

## DISCUSSION POINTS FOR CLIENTS

Good sleep hygiene includes the following:

- Sleep only as much as necessary to feel rested and then get out of bed.
- Maintain a regular sleep schedule by going to bed and getting up at the same time everyday—even on weekends.
- Don't try to make up for lost sleep by sleeping in or taking a nap later in the day.
- Once sleep has improved, you can adjust the number of hours of sleep to find the right amount for you.
- Make your bedroom or sleeping area a good environment for rest. Adjust the temperature, light and noise level to promote sleep.
- Exercise regularly every day, but avoid exercise that is too close to your bedtime.
- Deal with concerns or worries before you get in bed. Make a list of what you are worrying about or need to get done for the next day.
- Do not smoke—especially in the evening.
- Avoid drinking alcohol near your bedtime.
- Avoid caffeine beverages after mid-afternoon.
- Do not go to bed hungry. Have a light snack prior to your bedtime.
- Doing relaxation exercises prior to your bedtime can be helpful.
- If you take insulin in the evening or before bed, check your blood sugar before your regular bedtime. If it is low (<80), eat a healthy snack before going to bed.

Things to do once you are in bed:

- Don't spend more than 20 minutes lying in bed trying to get to sleep. If you cannot sleep, get up and go into another room and engage in a relaxing activity until you feel sleepy again. Don't do housework, watch TV, or other "rewarding" activities.
- Once you feel sleepy again, return to bed. If you don't fall asleep within 20 minutes, repeat as above.
- Use an alarm clock to get up at the same time every day, including weekends or days that you do not work.
- Do not watch television, read, or eat in bed.
- Check blood sugar before you go to bed.

## PATIENT OUTCOMES/GOALS

By the end of the educational session, the client with diabetes will be able to:

- Recognize that while the amount of sleep we get is variable depending on the individual, chronic sleeplessness or poor sleep is a medical condition called insomnia.
- Be able to identify short vs. long-term insomnia.
- Recognize that insomnia has many causes, some of which can be linked to behaviors and lifestyle, but others that may indicate a medical condition.
- Recognize that insomnia can be a side effect of some common medications that people with diabetes take.
- Be able to identify if they are at risk for low blood sugars overnight and make a plan to prevent this from occurring.
- Make a plan to work with a health care provider may be necessary to treat and correct chronic insomnia.
- List strategies and behavior changes that can improve sleep patterns at home.

CHW ACTIONS	PARTICIPANT ACTIONS
<ul style="list-style-type: none"> <li>• Ask the participant to identify which behaviors or stressors may be contributing to their insomnia.</li> <li>• Ask the participant what type of changes they can identify to improve sleep patterns.</li> <li>• Assist the participant in identifying resources to help with insomnia or disordered sleeping conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify where changes could be made to their environment or behaviors to improve sleeping patterns.</li> <li>• Make a plan to make changes to their environment or behavior to improve sleep.</li> <li>• Check blood sugars prior to bedtime if taking a hypoglycemic diabetes medication.</li> <li>• Write down questions to discuss with your health care provider at the next visit.</li> <li>• Keep a sleep log for 1-2 weeks prior to provider appointment.</li> </ul>

## TOOLS/TEACHING AIDES

- None

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**HANDOUTS**

1. **Topic 23 Coversheet**.....[English](#) | [Spanish](#)

2. **Action Plan**.....[English](#) | [Spanish](#)

Source: [Public Health – Seattle & King County](#)

**REFERENCES**

Wolters Kluwer 2013, [www.uptodate.com](http://www.uptodate.com)

Toshiaki, Ohkuma, et al. Diabetes Care, March 2013, pages 611-617. Impact of sleep duration on obesity and the glycemic level in patients with type 2 diabetes: the Fukuoka Diabetes Registry.

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